

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039111

DO NOT WRITE
ON THIS STUB

AMENDED FILED NOV 1 1962

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 507

STATE FILE NUMBER

VS 300
Rev. 4/59

17005

27001

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in lb 4 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San & Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1107 E Smith St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Claude James Myres		4. DATE OF DEATH Month Day Year Oct 25 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/7/1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor Co Hosp		10b. KIND OF BUSINESS OR INDUSTRY Blue Springs Mo	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME James Myres		13b. MOTHER'S MAIDEN NAME Orah Shrout	
14. NAME OF HUSBAND OR WIFE Lucy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes #1		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Lucy Myres Blue Springs Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterial sclerotic cardiovascular disease 2 yr + DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 19 46 to 10-25-62 and last saw him alive on 10-24-62. Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Merrill R. Bay M.D.		22b. ADDRESS Blue Springs Mo	
22c. DATE SIGNED 10-26-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/27/1962	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem	23d. LOCATION (City, town, or county) Blue Springs Mo (State)
24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 10-26-62	
26. REGISTRAR'S SIGNATURE Alba L. Craig			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

10-26-62